

Green Mountain Care Board 89 Main Street Montpelier, VT 05620 [phone] 802-828-2177 www.gmcboard.vermont.gov Kevin Mullin, Chair Jessica Holmes, PhD Robin Lunge, JD, MHCDS Maureen Usifer Tom Pelham Susan Barrett, JD, Executive Director

DELIVERED ELECTRONICALLY

January 9, 2017

Ms. Shireen Hart, Esq.
Primmer, Piper, Eggleston & Cramer, PC
150 South Champlain St.
PO Box 1489
Burlington, VT 05402

RE: Docket No. GMCB-014-17con, Proposed Purchase of Birchwood Terrace

Dear Shireen:

Thank you for your letter dated December 22, 2017 regarding Kindred Nursing Centers East LLC's (Kindred) intent to enter into a Facility Consulting Agreement (Agreement) with Birchwood Operations LLC (Birchwood) effective on or about February 1, 2018. The Facility Consulting Agreement (Agreement) should not be implemented until the Board receives and considers the following information:

- 1. Provide a table that includes:
 - (a) a complete list of the specific services and oversight responsibilities (Services), including day-to-day, fiscal and clinical, provided by Kindred, and those to be provided by Birchwood through the proposed Agreement;
 - (b) identify whether any of the Services and/or related costs are duplicative;
 - (c) identify which, if any, of the Services and related costs will be eliminated;
 - (d) identify whether each Service will be reimbursed by Medicaid;
 - (e) if not, provide a detailed explanation how the costs will be paid for.
- 2. Provide the signed Facility Consulting Agreement for review by the Board, including the costs associated with the Agreement.
- 3. Provide the name(s) of the individual(s) who will be responsible for each Service referenced in ¶ 1, above, and for each individual provide:
 - a. his or her past and current nursing home experience and title(s),
 - b. the number of years in each position;
 - c. whether s/he holds a current Nursing Home Administrator's license (if so, provide a copy),
 - d. whether s/he has previously held a Nursing Home Administrator's license, the State in which it was held, and the dates during which the license was in effect; and
 - e. a copy of each individual's curriculum vitae.





In responding, restate the question in bold font and respond in unbolded font, and send an electronic copy to me at donna.jerry@vermont.gov, copying the two entities noted below. In addition, please send a hard copy (three-hole punch) with a Verification Under Oath to my attention at the Green Mountain Care Board, 89 Main Street, Montpelier, Vermont 05620, and.

If you have any questions, please do not hesitate to contact me at 802-828-2918.

Sincerely,

<u>s/ Donna Jerry</u>Donna JerrySenior Health Policy Analyst

cc. Vermont Department of Disabilities, Aging and Independent Living Vermont Division of Rate Setting

